

2223

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>126</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>631</u>	
Town of _____		Local Registrar's No. _____	
or _____			
City of <u>Globe</u>	(No. _____)	Sr. _____	Ward _____
FULL NAME OF CHILD <u>Johnson</u>		Born <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		Alive <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Sex of Child <u>M</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>
		Legitimate? <u>yes</u>	Date of Birth <u>Oct-24</u> 1920
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Gordon Johnson</u>	Full Maiden Name <u>Maudie S Peterson</u>		
Residence <u>Globe</u>	Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>19</u> (Years)
Birthplace <u>Cal</u>		Birthplace <u>Ariz</u>	
Occupation <u>Clerk</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct-24</u> 1920, at <u>Globe</u> , M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>R D Kennedy</u>	
		(Attending Physician, midwife, householder.)	
Given or Christian name added from a supplemental report _____ 1920		Address _____	
015-1024-475		Filed <u>Oct 25</u> 1920	
COUNTY REGISTRAR.		A True Copy	
		Filed <u>Nov 5</u> 1920	
		LOCAL REGISTRAR.	
		COUNTY REGISTRAR.	